

for him to altogether believe in. When dyspnoea is extreme he has operated in several instances, generally by suprasternal incision and removal of the gland piecemeal. It is possible also to remove the sternum in part and operate.

During the year Kocher published his 3rd thousand of goitre cases. Some facts relating to these are of interest, though, perhaps, not strictly speaking, belonging to the thorax. It comprises the operations of five years. The growths were 36 malignant, 3 deaths; inflammatory 8, no death; Basedow 51, 1 death; ordinary goitre (cystic adenoma) 904, 3 deaths; 7 deaths in all. Stay in hospital, 10 days. No infection occurred which at all endangered the patient's life; this is due to the simple wash up—alcohol and water, no antiseptics being used on the wounds, and accurate ligature of all bleeding points. He still adheres to local anæsthesia when this is at all possible. The promiscuous use of thyroid extract has done more harm than good. His low mortality he ascribes to careful attention paid to the heart and blood pressure; he will not operate on late cases of exophthalmic goitre, but says that to expect results, one must operate early.

Before the British Medical Association at Toronto, MacCallum of Hopkins, read a paper on parathyroids in man. From these cases taken from the surgical department of Johns Hopkins Hospital, tetany following operation would seem absolutely dependent on the removal of these bodies.

Kausch in the *Medicinische Klinik*, '06, has a paper dealing with foreign bodies of the trachea and œsophagus. By means of the œsophagography perfected by Mikulicz, he was enabled in many instances to remove foreign bodies, such as coins, false teeth, etc., from these passages without a cutting operation.

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